

**FORM
INSP**

Rev
X/20

**State of Colorado
Energy and Carbon Management Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

03/31/2026

Submitted Date:

04/01/2026

Document Number:

715204265

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: Welsh, Brian On-Site Inspection 2A Doc Num: _____

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

Operator Information:

ECMC Operator Number: 10634
Name of Operator: P O & G OPERATING LLC
Address: 5847 SAN FELIPE SUITE 3200
City: HOUSTON State: TX Zip: 77057

Findings:

13 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE

Contact Information:

Contact Name	Phone	Email	Comment
Nash, Charlotte	(713) 589-8186	charlotte_nash@pogresource.com	
Quint, Craig		craig.quint@state.co.us	
Beasley, Nolan		nolan.beasley@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
207110	WELL	IJ	04/01/2019	DSPW	017-06045	MILLER SWDW 2	AC

General Comment:

[SE Compliance Specialist Brian Welsh conducted a Routine UIC Inspection](#)

[After review of well records it appears the operator is not in compliance with CECMC Rule 806 – No water sample on record at the time of inspection. Comply with CECMC Rule 806 & submit or confirm submission water sample data analysis on a FORM 43 D](#)

Location

Lease Road:			
Type	Access		
comment:	Gravel road through farm ground		
Corrective Action:		Date:	

Overall Good:

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:	Stickers on tanks		
Corrective Action:		Date:	
Type	BATTERY		
Comment:	Lease sign at tank battery		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:			
Corrective Action:		Date:	

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment: _____

Multiple Spills and Releases?

Equipment:			corrective date
Type: Ancillary equipment	# 4		
Comment:	Water meter on wellhead, telemetry equipment, cathodic rectifier and electric panel		
Corrective Action:		Date:	

Tanks and Berms:					
Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	0	300 BBLs	FIBERGLASS AST		38.766970,-102.394910
Comment:	2-Tan tanks on south side of disposal tanks have been removed				
Corrective Action:		Date:			

Paint	
Condition	
Other (Content)	
Other (Capacity)	
Other (Type)	

Berm						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Comment: Shared berms						
Corrective Action:				Date:		
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	0	200 BBLs	FIBERGLASS AST		38.766970,-102.394910	
Comment: Black tank on west side of tan tanks has been removed						
Corrective Action:				Date:		
Paint						
Condition						
Other (Content)						
Other (Capacity)						
Other (Type)						
Berm						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Comment:						
Corrective Action:				Date:		
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	300 BBLs	FIBERGLASS AST		38.766970,-102.394910	
Comment: Green tank on east side of location is used for overflow						
Corrective Action:				Date:		
Paint						
Condition						
Other (Content)						
Other (Capacity)						
Other (Type)						
Berm						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate		
Comment: Shared berms						
Corrective Action:				Date:		
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	2	400 BBLs	FIBERGLASS AST		38.766970,-102.394910	
Comment: 2-Tan tanks on west side of green tank						
Corrective Action:				Date:		
Paint						
Condition						
Other (Content)						

Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Comment:					
Corrective Action:				Date:	

Venting:

Yes/No					
Comment:					
Corrective Action:				Date:	

Flaring:

Type					
Comment:					
Corrective Action:				Date:	

Inspected Facilities

Facility ID: 207110 Type: WELL API Number: 017-06045 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>-14.5" Hg</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0 PSIG</u>	Previous Test Pressure _____	Inj Zone: <u>SPGN</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>07/18/2023</u>
			AnnMTReq: <u>NO</u>

Comment: CASING HAD LIGHT BLOW, DIED IMMEDIATELY. TBG IJ @ -14.5" Hg

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

You can go to ECMC Images (<https://ecmc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
715204266	location photo	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7505009